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RHEUMATISM TREATED WITH COMMON ARTICHOKE.

BY EDWARD COPEMAN.

THE following are some cases of rheumatism treated with the common artichoke (Cynara Scolymus); a remedy which, to the best of my knowledge, has not before been employed for the relief of that very troublesome and obstinate complaint, but which, I think, promises fairly to be of essential service in many cases where the usual remedies fail. Under this impression I have sent you the present communication; and if you consider it worthy the notice of the profession, you will much oblige me by giving it a place in your pages.

I was led to make a trial of the cynara from having accidentally witnessed its effects in the case of a lady, who had suffered severely from chronic rheumatism for several years, and had received but little relief from the usual modes of treatment. In this instance, some artichoke leaves were bruised, and the juice mixed with sherry; and a wineglassful of this mixture was taken twice a day *for a fortnight*, in which time it almost entirely removed large ganglions from the wrist, of three or four years' standing, and completely relieved the pains in the joints. Several months afterwards, the swellings of the wrists began to re-appear, but the patient has never since suffered so much pain as she did before this medicine was taken.

Considering this a sufficient inducement for trying its effects more extensively, I obtained leave of the physicians of the Norfolk and Norwich Hospital to employ it in some of the cases of rheumatism there admitted, and made two preparations of it—a tincture and an extract. I made the tincture by macerating about two pounds of fresh artichoke leaves and stalks in two pints of proof spirit for fourteen days. This was too weak a preparation, and objectionable in several cases, on account of the large quantity of spirit which is contained in a sufficiently large dose. The extract was made by evaporating the expressed juice of the leaves and stalks to a proper consistence for making pills. With respect to the effects which the artichoke produces upon the constitution, I have very little to say; as I have hitherto been quite at a loss to ascertain how it

acts. It exerts no appreciable influence over the functions of the skin; sometimes it clears the urine and increases its quantity, but not always; it produces apparently no stimulating or narcotic effects; but when given in large doses it acts more or less violently upon the bowels, causing griping pains and purging, and as soon as this takes place it ceases to produce any beneficial influence upon the disease for which it is employed. This, *cæteris paribus*, gives it a decided superiority over colchicum, as the latter seldom does good till it begins to cause disturbance of the stomach and bowels.

CASE I.—*Rheumatism of three months' duration—Cured.*

Henry Page, ætat. 17 years, admitted December 11, 1831. Says he caught cold three months ago, from lying in a damp bed; since which time he has never been free from rheumatic pains in his joints. The pain is now chiefly referred to the right knee and ankle, and the instep of the same side is swelled, and so painful that he cannot bear his weight upon it. Health in other respects pretty good. Bowels regular; appetite good. Sumat haust. purg. statim, et Tr. Cynaræ, 3j. ter die.

20th.—Has experienced great relief since taking the medicine. Augeatur dosis Tr. Cynaræ ad 3ij. t. d.

Jan. 3, 1832.—He is now quite free from pain, and the swelling of the instep has entirely subsided. Discharged cured.

CASE II.—*Rheumatism of five months' standing—Failure of ordinary remedies—Successfully treated with Artichoke.*

Robert Bussey, 27 years of age, a post-boy, was admitted on the 8th of October, 1831, with chronic rheumatism of five months' standing, chiefly affecting the knees and wrists, which are red and much swelled. Was in the hospital twelve months ago, with the same complaint. Sumat Pulv. Ipecac. comp. gr. x. o. nocte; Utatur Lin. Ammoniæ frequenter; Baln. tepid. ter hebdomed. Extr. Cynaræ, gr. iij. bis die.

18th.—Much freer from pain. Cont. remed.

26th.—Improving. As the small quantity of extr. cynaræ which I had made was all used, he was ordered to take Vin. Colch. gtts. xxx. ter. die. Cont. Balneum.

November 1st.—Since last report he has been losing ground daily, and has now nearly as much pain as when he came into the hospital. Sum. Vin. Colch. gtts. xl. ter die.

9th.—Not better; ankles very painful and swelled; skin cold; pulse languid. Sumat. Pulv. Ipecac. c. gr. x. ter die, c. Tr. Guaiac. Am. gtts. xxx.; Pil. Aloes, c. gr. v. o. nocte.

13th.—Slightly relieved. Cont. Med.

27th.—Complains of a great deal of pain in the right shoulder; wrists and knees still swollen and painful, especially at night, so as to prevent his getting any rest. I had now prepared some tincture of artichoke, and directed him to take 3j. 3tiis horis; the other remedies being omitted, except the warm bath.

29th.—Improving. Cont. Tr. Cynaræ.

December 1st.—Almost free from pain; knees and ankles quite recovered. Cont. Med.

13th.—Quite well, with the exception of a slight swelling of the left wrist. Discharged.

From the nature of his occupation, this patient afterwards unavoidably exposed himself to cold and wet weather, and suffered a relapse, from which he was again relieved by the same means.

CASE III.—*Chronic Rheumatism—Failure of Guaiac., Quina and Colchicum—Cure from Artichoke.*

William Bloom, 22 years of age, a footman, of a scrofulous habit, admitted January 28, 1832, with chronic rheumatism, affecting the shoulders and knees. Sum. Tr. Guaiac. Am. ʒj. ter die. Baln. tepid. ter hebdomed.

Feb. 7th.—Complains of weakness and loss of appetite; perspires very copiously of a night, and upon very slight exertion. Pulse slow and languid. R. Inf. Rosæ, ʒiss.; Quinæ Sulph. gr. ij. Acid. Sulph. dilut. gtts. xv. M. ter die. Omit. Alia.

18th.—Health much improved. Omit. Mist. Tonic. sumat Vin. Colchici, gtts. xl. ter die.

24th.—Had an attack of fever last night, followed by profuse perspiration. Bowels confined; pulse 96. Omit. Colch. et sumat Magnes. Sulph. ʒv.; Magnes. Carb. gr. xv. statim, et Mist. Quin. Rosæ, ut antea.

26th.—General health again pretty good. Rheumatic pains as severe as when he came into the hospital. Omit. Mist. Quinæ. Resumat. Vin. Colchici, gtts. xl. ter die; Cal. gr. iij. Opii, gr. ij. omni nocte.

29th.—Has experienced no relief from the colchicum. Pain of the knees severe and constant. Urine very high colored and scanty. Omit. Med. et sumat. Tr. Cynaræ, ʒij. ter die.

March 2d.—Less pain; urine quite clear, and passed freely. Cont.

7th.—Very much better. No pain, except in the right knee. Applic. Lin. Ammon. c. Tr. Lyttæ ad genu dextrum.

12th.—Improving. Sumat ʒiv. Tr. Cynaræ ter die.

16th.—Discharged cured.

CASE IV.—*Acute Rheumatism cured by Artichoke.*

John Gall, 28 years of age, admitted June 16, 1832, hostler, of good constitution, and rather a free liver. Never had a day's illness till seized with the present attack. A fortnight ago he got wet on two following days, and did not change his clothes for several hours afterwards. On the third day he was attacked very suddenly with pains in the knees and feet, which soon extended over his body generally, so as to 'set him fast.' Pains always increased by warmth; gets no sleep of a night, and has not been able to stand since the first two days. He is now incapable of turning himself in bed, of feeding himself, or of bending his body and limbs in any direction. Joints hot, but not swelled; pulse 80, and small; bowels open daily; passes urine freely; skin rather moist and hot; tongue furred; appetite good; feels most pain of a night, and is best when cool. No pain in the chest, nor difficulty of breathing. Says he is never an hour without pain in his limbs. Sumat Tr. Cynaræ, ʒj. ter die. R. Extr. Cynaræ; Extr. Hyosciam. a. gr. ij. omni nocte sum.

18th.—Can move his right arm a little; got some sleep during the night. Cont. Med.

19th.—Slept six hours last night, and says he has much less pain than when he was admitted.

22d.—Gets a great deal of comfortable sleep, and, when still, is quite free from pain. Can move his legs and thighs freely, without pain, but when he attempts to raise his arms he feels pain in his shoulders. Tongue clean; skin warm and perspiring; has been able to feed himself since the 20th. Cont. Med.

July 1st.—Quite free from pain, but complains of stiffness. Descend. in Baln. tepid. semel.

19th.—Cured.

CASE V.—*Acute Rheumatism of Elbow and Wrist, cured by Artichoke—Improvement impeded by purging.*

William Stamp, 66 years of age, admitted October 13, 1832. Seven weeks before admission he was attacked with pain in the left arm, and is now never free from it. Elbow and wrist swelled and reddish; is obliged to carry his left arm in a sling, as the weight of it causes a good deal of pain in the shoulder. Applic. Hirud. xij. ad Humerum.

18th.—No relief. Rep. Hirudines ad Humerum.

19th.—As before. Rep. Hirudines.

20th.—Shoulder slightly relieved. Rep. Hirud. Sumat Pulv. Colchici, gr. viij. 8vis horis.

23d.—Has received no permanent relief from the treatment. Elbow very painful. Empl. Lyttæ ad ulnam.

29th.—Stomach out of order, and complains of weakness. Ordered a pint of porter daily. Omit. Pulv. Colchici, et sumat Extr. Cynaræ, gr. iij. 4ter quotidie.

31st.—Elbow still painful, but the pain is not constant. *Swelling of the wrist nearly gone.* Is not able to move his fingers without great difficulty. Cont. Cynar. 2dis horis.

Nov. 3d.—Bowels much relaxed by the pills. Sumat j. 3tiis horis.

4th.—Still purged by the pills. Sumat. j. 4tis horis. Has received no relief from pain since the purging commenced.

6th.—No pain nor swelling in the arm. No purging. Cont. Pil.

8th.—Has no pain in the shoulder or arm, but experiences great difficulty in moving it. Discharged.

CASE VI.—*Severe Rheumatism cured by Artichoke, after the failure of Cinchona, Colchicum, &c.*

James Loveday, 24 years of age, admitted October 6, 1832. About a fortnight ago, he was attacked with very severe pains in his wrists and knees; soon afterwards, his loins became affected, which obliged him to leave off work. The larger joints are swelled, stiff, and painful, especially when he is warm in bed, at which time he suffers so severely that he is unable to sleep. Cannot walk at all without a stick, and is not able to rise from his seat or sit down without assistance. Bowels open; appetite good; pulse 90, and full; skin warm, with occasional perspiration. Vin. Colch. 3ss. 4ter die. Cal. gr. ij.; Opii, gr. iss. o. n.

9th.—No relief at present. Urine very high colored. Balneum tepid. ter hebdomed.

16th.—Knees and wrists very painful. Gets no rest of a night. Omit. Med. sumat Pulv. Cinchon. 3j. ter die.

23d.—No better than when he came into the hospital. Wrists very much swollen. Omit. Med. et Baln. Cap. Extr. Cynaræ, gr. iij. ter die.

26th.—Rather less pain. Urine of a good color, and clear. Has 'slept better the last two nights than at any time since he was first taken ill.' Capt. Extr. Cynaræ, gr. iij. 3tiis horis.

27th.—Can walk without a stick, and says he is much better. Cont.

29th.—Very little swelling of the wrists; knees still very stiff and painful. Cont. Pil. Cynaræ.

30th.—Swelling of left wrist quite gone. Cont. Med.

Nov. 4th.—More pain; bowels much relaxed. Sumat Pil. 4tiis horis.

9th.—Much better; no purging. Cont. Med.

13th.—Complains of pain in the left side; action of the heart very irregular. Fotus ad Latus. Haust. Purgans Sumat Pil. j. bis die.

14th.—No pain in the region of the heart. Cont. Pil. j. ter die; applic. Lin. Sapon. ad Lumbos.

27th.—Very little pain in the joints; walks about pretty well; but feels weak. Cont. Cynaræ, et sumat Quinæ S. gr. ij. Acid Sulph. dil. gtts. xx. ex. Infus. Rosæ, ʒiss. ter die.

Dec. 5th.—No pain, but remains weak, and does not digest his food very well. Omit. Cynara. Cont. Mist. Quinæ.

6th.—Slight return of pain in the knees. Rep. Cynara.

10th.—Convalescent. Shoulders rather stiff. Baln. tepid. bis hebdomed.

22d.—Made an out-patient.

I have employed the cynara in many cases, and in all with something of success; but I shall not notice them more particularly here, for fear of encroaching too much upon your valuable pages. I shall be glad, however, if, from the cases I have sent you, practitioners may be induced to judge of the merits of the medicine by putting it to the test of their own experience.—*London Medical Gazette.*

DR. THOMPSON'S TREATMENT OF CHOLERA.*

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I cannot agree with your correspondent *Senex*, in your last number, in the view which he has taken of Dr. Thompson's treatment of the collapse of cholera. He imagines, or rather asserts, that 'if he and Dr. Stokes had known the importance of capsicum as an adjuvant to opium, or had enforced its employment in the obstinate cases, in the present state of our knowledge, it would seem that there is not much to be added to improve their respective modes of practice.'

Now it appears to me that Dr. Thompson ascribes comparatively little to the effect of opium; but that he depends chiefly on the operation of means which are nearly mechanical—overlooking the great vital laws of the animal system. 'Two great objects,' he says, 'I keep always in view, viz. that there is a deficiency of serum and animal heat,

* See page 221 of the present volume of this Journal. The Dr. Thompson here referred to is not the person known by that name in this vicinity, but a respectable surgeon in Belfast, Ireland;—a gentleman who has had 20 years experience as naval surgeon, and not a little in the epidemic which forms the subject of Dr. P.'s paper.—*Ed.*

and that the blood being drained of its serum by watery evacuations, it becomes so inspissated that it can no longer circulate, unless some means be devised to make up for this loss, or at least to put a stop to the further separation of this water.' Consequently, his 'first object is, to have his patient placed with his head very low, that the enemas may be retained.' 'The exhalants of the intestines, by change of position, and presence of fluids introduced, will cease to pour out any more serum, and the blood, now in the heart and large vessels, assisted by gravity (the head being low) and thinned by the fluids, will gradually find its way into the arteries of the brain, and produce that distension of them which, by its pressure and stimulus, is necessary to call the nervous system into action.'

Thus does it appear that Dr. Thompson has very little reference either to the vital properties which regulate every movement of the animal system, or to those morbid actions which constitute the disease he professes to have treated with so much success. He regards the whole affair, whether in its relation to nature or the instrumentality of art, as chiefly a mechanical business; and the principal means indicated by Dr. T. appear to me to be entitled to about the same respect as the remedy, not more mechanical, proposed by the President of our State Medical Society—to arrest the evacuations by a plug of wax.

But suppose all may be accomplished by what Dr. T. calls *his method* (but which was unsuccessfully practised by others before him) that he anticipates from its direct agency;—that the watery parts are restored to the blood, and that this fluid is again circulating. What is gained beyond the direct introduction of so much water by the process of venous injection? What is there in this combination of water and crassamentum analogous to the homogeneous and highly elaborated fluid that is destined to preserve the equilibrium of health? Or how is the system, thus replenished, in a better condition to go on with the functions of life than a few short hours, perhaps only moments before, when it possessed all the due proportions of its natural aliment? The truth is, the modified powers and functions are overlooked, and the mind has been carried away by one of the results of those great primary changes.

New York, May 18, 1833. P.

DELIRIUM TREMENS.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—Notwithstanding all that has been said and written on the subject of this singular disease, I venture to offer one or two queries in regard to it, which have been brought to my mind by some recent cases, and which appear to me worth considering. In the first place, have we made any progress in ascertaining the true pathological state which produces the symptoms? I presume there is no one who has seen a well-marked case, but has been visited with at least a transitory suspicion of cerebral engorgement, fulness of the vessels of the head, or undue determination of the fluids to that organ; who has not in fact imagined a something concealed within its parietes, which caused all the mischief,

and which if removed would relieve the patient. The eye is often strained and bloodshot, and the face flushed—circumstances which at least cannot fail to suggest to the mind some more or less definite notion of the existence of cerebral irritation. It has even been recommended to bleed for the removal of this state, but we have not a case on record in which bleeding appeared to effect a cure; a more unfavorable account than can be given of almost any remedy in any disease. Opium has cured fever many times, if we may credit the journals; but nobody pretends to have cured delirium tremens by bleeding alone. Neither are the results of examination more favorable to this view of the disease, though these results differ most abundantly from each other. A very respectable authority abroad, John Howship, of London, says, 'We learn by diligent examination after death, that instead of the proper constituents of healthy blood, the vessels, large and small, especially those within the head, contain a fluid, which in the transparent veins of the brain appears like water scarcely tinged, and in the arteries pale and thin, from the great deficiency in the quality and quantity of the crassamentum.' Dr. Armstrong, a practitioner of the highest eminence, has found the veins of the pia mater very much loaded, and some effusion between the pia mater and arachnoid. From such accounts as these very little decisive information can be gathered; in truth, death generally occurs under circumstances of exhaustion, which leaves little hope of ascertaining the proximate cause of the paroxysms. But if the disease does not consist in an unduly loaded state of the cerebral vessels, who will inform us what is its essential condition. By resorting to the expressions of nervous irritability, nervous exhaustion, and many others which have been adopted to express it, we only involve the subject and bewilder ourselves.

But 2dly, what are we to assign as the remote cause of this disease? It is said to occur principally in those of intemperate habits, and such no doubt is the fact. But hard drinking is not a necessary condition of its production. I have known it occur in an individual, who though not abstinent in regard to stimulus of this sort, did not indulge to an immoderate extent, and was reputed a steady man by numerous employers. Those who knew him intimately could recollect but two or three instances of his being intoxicated. He was naturally not very vigorous, and had recently been deprived by an accident of his usual active exercise. But in cases more conformable to the general rule, and in which the attack is connected with intemperance as a general cause, the time of its invasion is not always determined either by the sudden abstraction of the stimulus or by its undue increase. The first part of this remark has been already made and well sustained by Dr. John Ware in his able treatise on this disease. But it is equally true that delirium tremens connects itself with any morbid condition of the system, by which its powers are unusually impaired. A very common occurrence is, that it supervenes on a serious accident, as the fracture of one of the larger limbs, though the accident itself might not have been occasioned by any undue indulgence. In a case which came under my notice, the individual was attacked, from some unknown cause, with fever, which on the fifth or sixth day assumed a typhous type, with deeply coated tongue, and low muttering delirium. Tremors gradually supervened, and he began to

see visions about him, till at length the true character of the malady was fully developed.

3dly. Does the hallucination, under which the patient labors in this disease, consist in any considerable degree in a change of structure or function in the optic nerve? If the mental affection always preceded the physical, we should have no difficulty in deciding this point in the negative. But it often happens that the vision is affected primarily, and that strange objects are obtruded on the sense, the reality of which the mind for a considerable time refuses to acknowledge. We have known a patient continue from two to three days, harassed by changes of vision and aspect, and grotesque groupings of the objects around him, by seeing pictures starting from the canvass, and by the apparitions of friends who were dead or at a distance; yet all the while resisting the deception and referring the various visions thus presented to disordered vision, till at length reason, wearied by the duration of the struggle, was compelled to yield; fancy usurped the sway, and what but just now was acknowledged to be mere illusion, assumed all the character of sober reality. Even after this occurred, however, the patient would at intervals acknowledge the absurdity of his previous fancies, and argue very logically to prove himself a fool for having believed them. Sometimes the conviction of this is forced on them in a manner which would be ludicrous if there were any amusement in seeing the human intellect degraded. Among other strange vagaries a patient imagined that he saw a large cat or other object in the farthest corner of the apartment, and sprang out of bed to get it. He had actually reached forth his hand to grasp his prize, when finding that he encountered only the wall, he was overcome with mortification, slunk back to bed without saying a word, and buried himself in the bed clothes. In fact the eye becomes nearly the sole avenue of the deceit in the greater number of instances; a fact which seems to render probable some peculiar affection of the retina, though of what nature it is difficult to conjecture.

4thly. Is there any settled principle on which to treat this disease? If there is any such, it certainly is not yet discovered for the benefit of practitioners. Even the failure of, or injury done by a remedy in one instance, furnishes no certain rule by which to judge that it ought to be withheld, or an opposite one substituted, in another; for the same remedy which fails in one case will succeed in another, or even at a different period of the same case. We have said that bleeding was not now maintained by any writer to be a cure for the disease. By some it is held that it is always injurious. Dr. Chapman, referring to the cerebral symptoms already mentioned, observes, that 'symptoms of inflammatory action incident to this disease are always fallacious; and the system for the most part very speedily sinks into a dangerous degree of debility by the slightest depletion.' Even the advocates for bleeding are content with maintaining that it prepares for the operation of other remedies, without insisting on its direct efficacy. I have myself bled in this manner, thinking that opiates might be given with more benefit afterward. The depletion rarely appeared to be followed directly or indirectly with good effect.

With regard to opium and the mode of administering it, the opinions

of practitioners have been infinitely various: some advising the article to be tried, and discontinued if not successful; others, that it should be persevered in throughout the whole course; some combining it with camphor, and some with alcohol; some giving it by the mouth, and some by enema. The principle stated by Dr. Coates, in his well-known monograph, is that the patient must sleep or die, that opium must be given till he does sleep, and that it may be given with impunity, in gradually increasing doses, till this effect was produced. In this way Dr. C. has given forty-five grains of opium in the course of five hours, with eventual success. This heroic practice is rather a stumbling block to timid practitioners, of which number I confess myself to be one, and who cannot feel altogether unconcerned while a patient is swallowing poison at so fearful a rate. I have, however, adopted this practice, and witnessed with some surprise and pleasure the very effect which Dr. C. describes; having given forty-eight grains of opium in four grain doses every thirty minutes, and finding at the end of the time only a short slumber produced, which was followed by return to reason. This was many years before Dr. C.'s article appeared; and subsequent experience has not confirmed my confidence in the powers of opium. The observations I have been enabled to make on its effects since that time, are the following. 1. That opium, given in large doses at small intervals, does not expend its whole force on the nervous system, but part in producing profuse perspiration, so that the patient is bathed in sweat for hours together. 2. That the effect which does take place on the brain by each successive dose, goes to aggravate the symptoms, rendering the patient more unmanageable, and sometimes changing the harmless visionary into a raving maniac. 3. Sleep procured by opium does not always cure the disease. I have an observation of a case in which three grains were given at one dose, and followed by stertorous sleep for one hour, after which the symptoms again became worse. 4. Sleep will often be found at a late stage of the disease to be produced by a dose which was successfully resisted at the commencement. An explanation of these facts might be found in the hypothesis, that a certain exhaustion of the sensorial power was necessary to a cure of the disease, and that the opium itself, when given in these large doses, assisted in bringing about this exhaustion by the profuse evacuation through the cutaneous pores. This view of the subject would form, in one sense, an argument for resorting to this remedy; but it would equally serve to recommend other evacuants, the failure of which has been still more conspicuous.

Alcohol, either in combination with opium or exhibited by itself, has in some instances appeared to relieve the disease, in others to render it more moderate, and in others again has been attended with unfavorable effects, but never within my experience has it been followed by the maddening effects of opium. When the symptoms of prostration have begun to manifest themselves, it is a valuable remedy. As respects the form, some bitter tincture is probably the best, and the accustomed stimulus, as recommended by some, the worst in which it can be administered.

The conclusion then seems to be, that the treatment which directs itself on the brain as the seat of the disease, and seeks to act primarily on that

organ, has not been attended with such favorable effects as to merit our confidence. There is another class of remedies, which addressing itself to the stomach, seeks to remove a supposed morbid condition of this organ. That such a state exists at the commencement of this disease, is rendered probable by the character of its remote causes; and the suspicion thus suggested is often confirmed by the loaded state of the tongue, the loss of appetite, and the torpor of the bowels. An emetic, therefore, at the outset of the attack is generally recommended, and though it rarely removes the disease, appears to be attended with two good effects; it produces a better state of the secretions, with improved appetite and digestion, and prepares the stomach for the due action of remedies which otherwise would have been rejected. Sometimes it fails to effect even so much as this. As respects cathartic operation, except the most gentle, it is by all means to be avoided. The bowels are acted on in general with great ease, and I have known five or six successive evacuations to produce a prostration, much greater than supervenes on bloodletting even when carried to the utmost extent. There is no fact of which I am better satisfied than the extreme danger of hypercatharsis in this disease.

Another remedy, which acts on the disease solely by bringing back the stomach to due tone and healthy action, is that of the bitter tonics. The action of these articles in cases of mere atony of the stomach, with loss of appetite in consequence of intemperate drinking, is sufficiently familiar. The remark is often made by the victims of this habit, that they can far better tolerate the absence of their usual stimulus, provided its place be supplied by wormwood infusion or some similar article in liberal doses. Guided by this indication, and encouraged by some favorable accounts given by others, I have made trial of this treatment after emetics, in every case which has occurred to me for the last two years. In some it has been marvellously and promptly successful, in others its effect could not be accurately estimated; but it has never done injury—and notwithstanding the inconveniences of a repulsive taste and bulky form, has never been refused or disliked. In the most favorable case which I remember, the patient had been affected for three days; had been treated with an emetic, evacuants and opium, and was getting rapidly worse. The previous remedies were omitted, and a strong infusion of wormwood ordered to be drank freely. This was continued about six hours, at the end of which time the patient became calm and soon after slept. The quantity which can be taken is almost unlimited.

5thly. Is the desire for motion, which is always manifested in this disease, to be controlled or gratified? This impatience of rest forms, as is well known, one of the most prominent and most troublesome symptoms. The patient longs to be abroad, to be at work, to engage in his customary occupation, or to be chasing the phantoms which haunt him about the apartment. Would it not be better, provided circumstances would allow, to permit this activity to exhaust itself, rather than produce constant irritation by using forcible restraint. I knew an instance of a patient who on the second or third day made his escape from his family, wandered about for six or eight hours, and returned at length much exhausted in truth, but far more tractable than when he started. Treatment on this

principle I have never seen tried, nor can it well be attempted in a city, either in the houses of the poor or in hospitals ; but under favorable circumstances, I should be disposed to give the patient a certain degree of liberty, and let him exhaust his vital energy in his own way.

I have thus ventured to state simply and with candor, my views in regard to some few points bearing on one of the most frequent and most intractable of nervous diseases. In doing this I have left unnoticed many others essential to a full consideration of the subject, but in regard to which I could only have repeated what might be found better expressed in the language of others. I am, &c. yours,

EDWARD G. DAVIS, M.D.

Boston, June, 1833.

AFTER THOUGHTS ON MALIGNANT CHOLERA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—There is one trait in the collapse of cholera, which in my view is more important than any other, and yet it has been very little insisted on, and not by any means noticed with that attention which its importance demands. Indeed, it is the turning point, the main source from which all our embarrassments arise. I refer to *the entire loss of all consent*, sympathy, or catenation, which exists, in the desperate cases, *between the brain and nervous system, and the heart and sanguiferous system.* In ordinary cases of disease, wine, alcohol, opium, and other stimulants, in proper doses, on their reaching the stomach, first excite the nervous system ; but soon their influence extends to the sanguiferous, and produces an obvious strength and force in the action of the heart and arteries. This is stimulation, in the proper sense of the term ; and if it is regularly managed, by giving the remedies at suitable intervals, so that *a new dose is taken before the exciting effect of the former has passed by*, we can often succeed, in cases apparently the most desperate, of every common atonic disease. This is rarely the fact in cholera. The sanguiferous system, in the collapse, has lost such a share of its vitality, that it cannot ordinarily be excited by any effort. The nervous system, however, still retains its customary susceptibility, and in some instances it is perhaps increased. Stimulants, nervines, and antispasmodics, here act as usual. Alcohol may be given to intoxication, and opium may be pushed to stupefaction—and because their effects are limited to the nervous system, probably these effects may be produced much more easily than in many low febrile diseases ; but the pulse is not started a hair's breadth, the action and force of the heart are not at all increased. The chain between the nervous and sanguiferous systems is entirely severed, and no impression upon the former is transmitted to the latter. Here lies the main difficulty in cholera ; its great fatality almost entirely depends on this obstinate insusceptibility of the sanguiferous system. The heart literally dies first—often a long time before the vitality of the other parts is much impaired, or in any very essential degree exhausted.

As a general rule, cholera may be divided into three stages—the fecal diarrhœa, the colliquative diarrhœa, and the collapse. When treating

more in detail upon the disease, it is also proper to attend to the peculiar state of the stomach, such as its not bearing fruits and many kinds of food, which constitutes a manifest predisposition; and likewise to the reaction, and the consecutive fever, which often supervene. There are two very prominent modes of attack—the insidious, and the sudden.

In each of these stages, and under all circumstances, the symptoms, in proportion to their violence, *with a single exception*, are all to be treated upon the same principles as if they were met with in any other disease. The same rules are to be observed in the first stage, as in any other diarrhœa; and under proper management, it is as surely relieved. In the colliquative stage, there are to be superadded the decision and energy which are always required in any rapid, sinking disease. External heat, rubefacients and epispastics, opium, alcohol, essential oils, lyttæ, capsicum, aromatics, are to be employed as energetically, and to as great an extent, as the stomach and other parts of the system will any wise admit. If there is any variation from common practice, it is probably more in appearance than in reality. Calomel has been found to be a very proper adjuvant. It is not generally well borne in most other very malignant complaints. This is undoubtedly because there is commonly so much *exhaustion*, that the system is below the reach of this article. It has not time to act; or if it does act, it is apt to *coincide* with the disease, rather than *counteract* it. But if we reflect that much of the apparent *debility* of the first two stages of cholera is *sedation* or prostration, rather than actual exhaustion, the matter is at once explained.

In the insidious cases, the first two stages, in general, are very distinct; but in the sudden, they are both blended together, and all the energy of treatment of the second stage is instantly demanded.

We come now to the exception, the collapse—a state of the system *sui generis*, which is rarely found in any other disease. This constitutes the third stage, which generally proves fatal if not combated before it is very far advanced.*

It is here that the remarks upon the broken link in the chain, the loss of the usual consent or sympathy between the nervous and sanguiferous systems, more directly apply. The heart and arteries are nearly dead already, as is known by their evanescent action; the little remaining blood, having lost most of its serum during the colliquative diarrhœa, is nearly stagnant in the capillaries and veins; and a death-like coldness pervades the whole body. The nervous system and the lungs, however, have not lost their relative share of vitality. Even after these cease to act, and the patient has actually expired, there is some vitality remaining in the muscles, as is evident from their spastic contractility.

In this condition of the whole system—a state in almost every point of view, except in the great depletion arising from the evacuation of nearly all the serum of the blood by the colliquative diarrhœa, much resembling the torpor arising from a long exposure to extreme cold—the treatment, which is so very serviceable in other stages, is usually of little or no avail. In fact, it often adds to the distress of the patient. Exter-

* The collapse is not strictly an exception, either as regards its appearance or treatment, when its phenomena are accurately viewed; but it is sufficiently peculiar for ordinary purposes. The writer has seen one or more cases of it distinctly marked, supervening an imperfect effort at a crisis, in a very atonic fever.

nal heat is now oppressive, stimulants in full doses relieve none of the symptoms, and opium, in large quantities, if it has any effect, may perhaps increase the torpor.

As at present advised (to adopt a lawyer's phrase), I would treat the patient upon the same principles as if he were starving from cold and inanition combined. This is undoubtedly the reason why ice and cold ablutions are sometimes found to be so grateful and of such apparent service, though the practice is very questionable, and certainly not generally needed, in the two former stages. Enemata of broth, rice water, and gruel, to which are added moderate quantities of laudanum and alcohol, are strongly recommended to supply the inanition. The remark that there is often too much done in the collapse, seems to be perfectly correct. If recovery is ever to take place, after this deplorable state has supervened, it will probably most frequently occur from the adoption of very moderate measures.

Upon this view of the subject, of which the preceding remarks are a hasty sketch, a mere outline, it appears to me that most of the seeming clashing of testimony, and apparently opposite experience, may be easily reconciled. If we consider the relatively different severity of various cases, the degree of sedation, rather than any very great exhaustion, that commonly prevails in the first two stages, and the resemblance of the collapse to starvation from cold and inanition, most of the difficulties will vanish, and it will be found that the same rules and principles, with their common limitations, will apply, which are known to be the most successful practice in similar symptoms of other diseases. It will especially reconcile the otherwise inconsistent statements about the utility of opium in cholera. As commonly used, it answers little or no purpose, or perhaps is worse than nothing, in collapse, or after the catenation between the nervous and sanguiferous systems is greatly enfeebled or entirely severed. But in the diarrhœa, when this symptom is urgent, in some form or other it is the sheet anchor, and is more to be relied on than any other single remedy. It can rarely, however, be depended on alone, unless in the very access, or in the mildest cases, but according to circumstances requires all the ordinary adjuvants, as in cases of diarrhœa, dysentery, and various affections of the bowels. In cholera, its most successful adjuvants, in the first stage, have been diaphoretics, calomel, and mild eccoprotics ; in the second stage, alcohol, aromatics, essential oils, and, above all, capsicum and other acrid excitants, have been its most important auxiliaries. SENEX.

May, 1833.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JUNE 5, 1833.

THE INFLUENZA.

NOTWITHSTANDING the changeableness of the weather during the last month, and the frequent prevalence of cold east winds, our city still remains healthy, and entirely free from any prevalent complaint. Not so

with our brethren beyond the Atlantic. In England and Ireland the people are sorely afflicted with epidemic catarrh. In London this disease is so extremely rife, as to have checked almost every species of business and pleasure. The theatres are closed on account of the sickness of those whose presence on the stage constitutes their chief attraction. The Courts of Justice are suspended by the indisposition of judges, jurors, and jurists. The directors of many public charities are unfortunately incapacitated for business, and the Hospitals are advertising for extra nurses. Nearly 800 of the police officers were reported absent in one week, and lords and ladies participated largely in the distresses of the season. It is said that there is scarcely an inhabited house in London that has not been visited by the epidemic, though it has been most severe among those who live in low and damp situations.

Let us enjoy, while we may, our own immunity from disease; let us enjoy, too, while we may, the clear beauty of our summer sky, the delightful purity and freshness of our atmosphere, and the rich promise of the season; and let us be thankful, whilst we enjoy, that our lot has been cast in places that so abound in sources of physical and intellectual enjoyment, and in scenes that bring hourly and strongly to the mind the wisdom, the goodness, and the bounty of their Maker. No one can survey the country at the present time, without having his mind awakened to a stronger sense of his own moral obligations, and his heart filled with feelings of delight and of devotion; and it is hard to believe that an air that has breathed life and freshness and beauty—that has clothed with an ample and early verdure, and developed the promise of unusual fruitfulness in the whole vegetable world, is itself impregnated with the poison of disease, or is soon to be changed for a pestiferous atmosphere. Neither do we find in the animal creation around us, any occurrences that can lead to the opinion that we are to be again visited by the dreaded cholera. But for the general fact that this malady has re-visited almost every place where it has existed, we would venture to reply, with some confidence, to the oft-repeated question with which the ear of every medical man is already familiar. But this question is not one to be readily answered or hastily dismissed. We commend it to the grave consideration of the reader, and solicit, in behalf of the profession and the public, such portion of light as it is in the power of each to cast upon it.

TRIAL OF MR. AVERY—MEDICAL EVIDENCE.

We propose to offer next week an abstract of the medical evidence given at the trial of the Rev. Mr. Avery. This evidence is of the utmost importance in legal medicine, as well as deeply interesting to the profession and the community. The present case, if not chiefly determined by it, has been greatly affected by it, as may be supposed from the fact that a

single medical gentleman, the professor of midwifery and medical jurisprudence in Harvard University, was *three hours* upon the stand, and many other physicians were called on for their testimony. We have not yet examined the trial with any degree of minuteness; but if the thing is possible, our readers shall have an account of such parts of it as will be most interesting and useful to them.

Medical School of Maine.—The course of Medical Lectures at Bowdown College for 1833, closed on Saturday, May 11th. Of a class consisting of one hundred and three students in Medicine, twenty-four candidates for the degree of M.D. passed a successful examination before the medical faculty. The following list contains the names of the young gentlemen, their places of residence, and the subjects of their dissertations:—Benjamin A. Battey, *Providence, R. I.* Scarlatina. Edward Bean, *Charlestown*, Angina Pectoris. John A. Berry, *Saco*, Nicotiana Tabacum. William Cochran, *Edgecomb*, Cystitis. Elijah A. Daggett, *Waldoborough*, Animal Heat. William P. Deane, *Minot*, Influence of Fear. Charles M. Duncan, *Dummerston, Vt.* Cynanche Trachealis. George Fabyan, *Scarborough*, Phytolacca Decandra. Simeon Frost, *Oxford*, Chronic Gastritis. John Gale, *Epson, N. H.* Acute Laryngitis. Joseph Huse, *Warren*, Chlorosis. William H. Jewett, *Gardiner*, The Study of Anatomy. Gardner Ludwig, *Waldoborough*, Catamenia. Daniel Mann, *Howland*, Hygeia. Ephraim Marston, *Falmouth*, Dysentery. Ebenezer C. Milliken, *Farmington*, Inflammation. Daniel Parker, *Billerica, Ms.* Dyspepsia. John Perry, *Monmouth*, Mania a Potu. William F. Perry, *Easton, Ms.* Phytolacca Decandra. John Swain, *Lowell, Ms.* Erysipelas. Lewis Washburn, A.B. *Bridgewater, Ms.* Hepatitis. Charles M. Weeks, A. B. *Greenland, N. H.* Sanguineous Congestion. Abiel Williams, A.B. *Raynham, Ms.* Cynanche Trachealis. William Wood, A.B. *Portland*, The Anatomy, Physiology and Pathology of the Ear.

A singular Case of Difficulty of Breathing cured by Iodine.—Mrs. H., ætat. 27, had been affected for nearly a year with constant and extremely harassing difficulty of breathing. The inspirations were slow, laborious, and attended with a very peculiar loud sound. Her face was bloated, and generally of a dark red color. Several paroxysms of cough recurred at remote and uncertain intervals. The lymphatic glands on both sides of the neck were enlarged and extremely indurated. Some years ago I witnessed a case of dyspnœa in an infant, which was attended with precisely the same singular sound during inspiration that occurred in the present case. The child died, and on dissection a firm tumor was detected beneath the upper part of the sternum, which compressed the trachea and gave rise to the dyspnœa. Recollecting this case, it appeared to me probable that Mrs. H.'s case depended on a similar cause—namely, compression of the trachea, or of a large bronchial tube, by an indurated and enlarged lymphatic tumor. The iodine was prescribed. She took gtt. x. of the usual officinal tincture, three times daily. In about three weeks after commencing with this remedy, the tumors in the neck began to diminish in size, and the difficulty of breathing abated *pari passu*. The medicine was continued, and at this time there is not the slightest

difficulty of respiration. The former red and bloated condition of the face has disappeared, and the patient appears to be entirely freed of her distressing complaint.—Dr. Eberle, *Western Medical Gazette.*

Actea racemosa.—We have received a note from Professor Tully, regretting that he has been prevented by urgent business from completing his remarks on the therapeutic application of the Actæa; but as soon as his other occupations will permit, he will prepare and send us for publication the remainder of his article.

Whole number of deaths in Boston for the week ending June 1, 92. Males, 9—Females, 19.
Of croup, 1—consumption, 6—infantile, 3—dropsy on the brain, 2—jaundice, 1—dropsy on the chest, 1—accidental, 1—drowned, 2—scarlet fever, 1—paralysis, 1—lung fever, 1—worms, 1.

ADVERTISEMENTS.

NEW WORK ON MINERALOGY AND GEOLOGY.

D. CLAPP, JR. & CO. have just published the second volume of 'Familiar Lessons in Mineralogy and Geology, designed for the use of young Persons and Lyceums. By Jane Kilby Welsh, Author of "The Pastime of Learning, with Lessons in Botany."'

The work is now complete. It comprises the subjects of Mineralogy, Conchology and Geology. The lessons are occasionally interspersed and enlivened with domestic sketches and moral reflections, and are illustrated by colored lithographic drawings, and numerous engravings on wood. Each volume contains 400 pages, including a vocabulary of the terms used in these studies.

The author and the publishers have received testimonials from gentlemen conversant with the sciences treated of in this work, of their favorable opinion of its merits, some of which are given below.

Extract from a Letter to the Author, from Professor Hitchcock, of Amherst.—'Allow me to say, that I am pleased with your work in general, and think that by interweaving domestic scenes with Natural History, you will attract more to its pages than by a naked exhibition of facts. I think it will do much to advance the cause of Natural History, of Virtue and Religion.'

Extract from a Letter to the Author, from Professor Nuttall, of Cambridge.—'I have looked over your manuscript, and think it will prove useful and acceptable to those who wish a plain introduction to Mineralogy, &c.'

Extract from a Letter to the Author, from Mr. Francis Alger, of Boston.—'I have read with no little interest the manuscript which you have entrusted with me, and am satisfied that its publication should not be delayed. By blending, in the form of domestic scenes, lively moral and religious reflections, with naked facts and details in science, you have given a character to your work, which happily adapts it to the wants of *young students*; while its easy, familiar style, and conformity in arrangement with the latest and most approved systems, cannot fail to lay open to their minds, as well as to general readers, a competent knowledge of two of the most important branches of Natural History.'

A Letter to the Publishers, from Mr. Josiah Holbrook, of Boston.—'I have lately examined the manuscript of a treatise on Mineralogy, by Miss Welsh. The plan, materials, and spirit of the work, I have no doubt, from the slight examination I have been able to give it, will render it an acceptable gift to the cause of Science and of Popular Education, and am therefore glad to learn that you have concluded to give it to the public.'

From the Family Lyceum.—When the manuscript of Miss Welsh's treatise on Mineralogy was put in our hands, we were able to do little more than to ascertain the general plan and spirit of the work, which we approved. After it was published, a copy was put into our hands, when we gave it another cursory examination, from which we found no reason to change our opinion. We have recently given it a more careful reading, and find it to contain a greater amount of useful matter than we had supposed, served up in such a style as to render it a worthy companion of every family and every school.

From the Boston Atlas.—The second volume of this very interesting and popular work has just appeared, and we trust that it will obtain an extensive circulation. This volume will supply to youthful students, what is much needed, a minute and familiar knowledge of the various branches of Mineralogical and Geological science. The description of the different theories which have been advanced concerning the formation of the globe, will be read with interest and profit. The different kinds and classes of minerals, metals, &c. are described in the form of dialogue, which renders the work more attractive to young readers than works of science commonly are.

For sale by the Publishers, 184 Washington St.; by RUSSELL, ODIORNE & CO. 134 Washington St., and by other Booksellers.

June 5.

MEDICAL WORKS.

ALLEN & TICKNOR, corner of Washington and School Sts., have just received fresh supplies of Dewees's Works—consisting of his Practice of Physic, Treatise on Children, Treatise on Females, System of Midwifery; Gooch's System of Midwifery, Gooch on Females, Paris's Pharmacologia, United States Pharmacopœia, Teale on Neuralgic Diseases, Wood and Bache's New United States Dispensatory, Dunglison's Medical Dictionary, Dunglison's Human Physiology, Cooper's Lectures on Surgery, &c. &c. &c.

A. & T. keep constantly on hand the largest assortment of Medical Books which can be found in the city, on the most reasonable terms. Persons can be supplied with Catalogues by sending or calling at their store.

Orders for Foreign Books executed with despatch.

Boston, May 29, 1833. 2w.

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